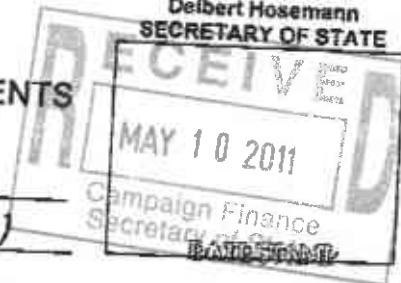


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann
SECRETARY OF STATE

Name of Candidate Eric Powell
 Address 11 CR 173 Corinth, MS 38834 County Alcorn
 Telephone Work _____ Home 662-286-9953 Fax _____
 Contact Name _____ Email Address _____
 Office Sought Senate 04 Political Party _____

☐ Check here if above is different from previous report

☒ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011).....Mandatory
 _____ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011).....Mandatory
 _____ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011).....Mandatory
 _____ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011).....Mandatory
 _____ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011).....Primary Candidates
 _____ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011).....Runoff Candidates Only
☒ November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011).....Mandatory
 _____ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011).....Mandatory
 _____ January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011).....Runoff Candidates only
 _____ Mandatory

☒ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-907 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,250.00 + \$ 1,900.00	\$ 3,150.00	\$ 11,900.00
Total amount of disbursements	\$ 500.00 + \$ 1,018.28	\$ 1,518.28	\$ 1,718.28
Total amount of cash on hand		\$ 10,181.72	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Eric Powell

Date May 10, 2011

Authority: Refer to Miss. Code Ann. §23-15-901 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39203 or fax to 601-359-1488 or 601-575-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1

Name of Candidate or Committee Eric Powell
 Reporting period 1-1-2011 through 4-30-2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	